



## HANDS ON NEW ORLEANS PLEDGE CARD

Mr/Mrs/Ms

First Name

Last Name

M.I.

Address

City

State

Zip

E-mail

Home Phone

Other Phone

**I pledge a donation of \$\_\_\_\_\_ to continue the work of Hands On New Orleans, to be paid:**

Pay in Full (  Bill Me;  Check Enclosed)

Monthly

Quarterly

Annually

\_\_\_\_\_  
Please Sign

\_\_\_\_\_  
Date